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Nancy Paul - Chanton_application.doc

ATACHMENT # Page 1

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Cobie by telephone at 486-9962 or by e-mail at CobieC@mail.co.leon.fl.ue



| Applications will be d | THE COLUMN THE PARTY OF THE PAR | | | | |
|--|--|--|---|------------------------------|----------------------------|
| Name: Jeff Chanton | | | | | Date:Nov 16, 2004 |
| Home Phone:850-216-2016 | Work Phone | ::644-7493 | Emailtichen | ton@mailer.t | su.edu |
| Occupation:professor | <u> </u> | Employer:FSU | | | |
| Please check box for preferred to Work Address: Dept. of Ocity/State/Zip: | | | ; FI 32306-432 | 0 | |
| ☐ Home Address 1509 Haso: City/State/Zip: | | | | | |
| Do you live in Lean County? Lean County? Yes If yes, For how many years have you it | , is it located v | within the City lim | ita? 🗆 Yes | | |
| Are you interested in serving or | any specific | Committee(e)? | yes, please indi | cate your pre | ference |
| 1st Chaice:Landfill Citi | izens Lieison (| Committee | | | 2nd Choice: |
| if not interested in any specific those areas in which you are in Human Services Housing Tourist Development Trans | Committee(s terested, or de Bealth Care |), are you interest eachbe other area | sted in a specifics not listed: Library Service | e subject ma | tter? If yes, please check |
| Other Areas | | | | | |
| Have you served on any previou | | ty committees? | □ No | | |
| If Yes, on what Committee(s) ha | ıvə you sərved | 17 | | | |
| How many days per month wou And for how many months wou | id you be will Id you be will | ng to commit for ng to commit tha | Committee work t amount of time | k? □) 17 6 or more | |
| . What time of day would be best | | | | | |
| (OPTIONAL) Leon County str maintaining a membership in it optional for Applicant, the follow | s Advisory Co wing informati | ommittees that re ion is needed to | Meet reporting r | adnisamente stà or ma cos | and attain those goals. |
| Race: 🚨 Caucasian | ☐ African A | merican 🗆 H | łispanic ^{.□} | Asian | ☐ Other |
| Sex: Male Femal | _ | | | | |
| Persons needing a sp Christina Co | ecial accomm | odation to partic | ipate in an Advit r e-mail at Cobic | ory Committee.co.id | ee should contact |

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| In the space below briefly des | scribe or list the following: | ANV DISUIGUE SYNAMANCA OF | other Committe |
| educational background; your silicenses and/or designations and any charitable or community action this Application. Please attaction | skills and experience you cou d indicate how long you have h lvities in which you participate | lid contribute to a Committee; held them and whether they are and reasons for your choice of | any of your profession to |
| i participate in landfill research. | | · | |
| | | | |
| References (you must provide at | least one personal reference v | who is not a family member): | |
| Name:Dr. Nancy Marcus | | Telepho | ne: <u>_644-6700</u> |
| Address: _Dept of Oceanograph 32306 | y FSU, Tallahassee Fl | | |
| Name: | | Telephone; | _ |
| Address: | | | |
| IMPORTANT LEGAL R AS A MEMBER OF AN ADVISO LAWS REGARDING GOVERN PUBLIC RECORDS DISCLOS INCLUDE CRIMINAL PENALTI ANY SUBSEQUENT ACTION E WITH THESE LAWS AND TO A AN ORIENTATION BEFORE YO | ORY COMMITTEE, YOU WILL MENT-IN-THE-SUNSHINE, CHARE. THE CONSEQUENCES, CIVIL FINES, AND THE BY THE BOARD OF COUNT ASSIST YOU IN ANSWERING OUR APPLICATION IS DEEM | LL BE OBLIGATED TO FOLI CODE OF ETHICS FOR PUI CES OF VIOLATING THES E VOIDING OF ANY COMMI TY COMMISSIONERS. IN OI THE QUESTIONS BELOW, | LOW ANY APPL BLIC OFFICERS E APPLICABLE TTEE ACTION A RDER TO BE FA |
| Have you completed the Orientati Are you willing to complete a fina Will you be receiving any compen | inclai disclosure form, if applic reation that is expected to influ | uence vour vote, action, or pari | icipation |
| on a Committee? I No If ye Do you anticipate that you would Do you know of any circumstance conflicts? I No If yes, please | is, from whom? be a stakeholder with regard to se that would result in you hav | o your participation on a Comr | nittee? □ Yes |
| | wife or child or their employer | s, do business with Leon Cou | nty? □ No |
| Do you or your employer, or your if yes, please explain | • - | | |

Christine Cobie, Agenda Coordinator Leon County Board of County Commissioners 301 South Monroe Street

Signature:

Please return Application to